

EDI Setup Form

for 834 Enrollment

Employer Groups / Third Party Administrators (TPA) should use this form.

Please complete this form and email it to edi@deancare.com

Requester's Role:	Employer Group	Agent	TPA
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Type of Account:	New	Existing (indicate changes below)
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Group Contact Information:

Business Contact:
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Email Address: _____

Technical Contact:
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Email Address: _____

Group Information:		
Name of Group	Group Number	Tax ID

Third Party Contact Information (if you use a TPA to submit your files):

TPA Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Email Address: _____